Inside I-Smile™

Annual Report on Iowa's Dental Home Initiative for Children

2013

Iowa Department of Public Health - Bureau of Oral and Health Delivery Systems

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Testimonial

"We have worked with I-Smile™ for several years. Along with their efforts and ours, our office has helped many children with their dental needs. We have established many great relationships with these children and their parents. We look forward to doing our best in the future to continue to treat I-Smile™ kids."

- Dentist

Introduction

Initiated in December 2006, I-Smile™ serves as the foundation for maintaining and improving the oral health of Iowa children.

The Iowa Department of Public Health (IDPH) coordinates and manages the statewide program. Local I-Smile™ activities are led by 24 I-Smile™ coordinators, who serve as point-of-contact for families, dental offices, medical offices, businesses, schools, and community organizations. They build and maintain the state's I-Smile™ infrastructure, working to assure that children have good oral health from birth.

I-Smile™ coordinators work within Iowa's Title V child health system, which covers all 99 counties. In the past year, I-Smile™ coordinators have:

- Provided care coordination for families, helping them make and keep dental appointments and explaining the importance of regular care;
- Led and participated in health coalitions and health advisory boards;
- Provided instruction and curriculum assistance to health provider training programs;
- Coordinated the state's school dental screening requirement for students entering kindergarten and ninth grade;
- Organized and managed school-based dental sealant programs;
- Developed and implemented oral health promotion campaigns;
- Collected and monitored oral health data to assess local oral health needs and direct program activities;
- Promoted I-Smile™ through presentations and collaboration with civic and non-profit organizations; and
- Provided gap-filling preventive services in WIC clinics, preschools, child care, and Head Start centers.

The end result is a growing state system that assists low-resource families, educates the public, creates awareness about the importance of oral health, and works to ensure that at-risk children receive dental services.

Successes

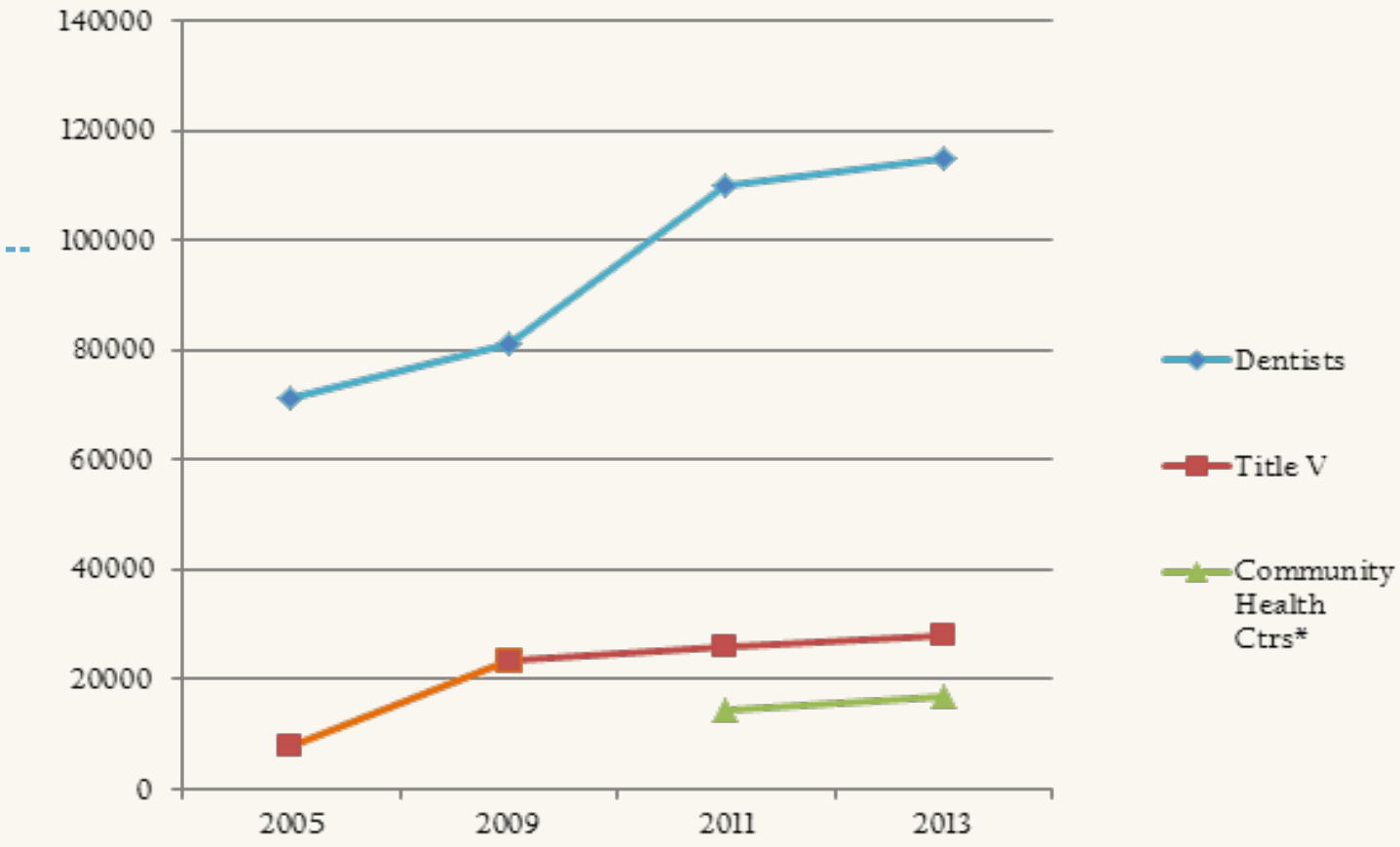
I-Smile™ coordinators have successfully developed local referral systems as well as ensured that gap-filling preventive services are provided in public health settings in order to stop disease before it begins. Since I-Smile™ began, the number of Medicaid-enrolled children receiving care from dentists has risen dramatically. More children are also being seen in community health center dental clinics and in public health settings such as WIC clinics and Head Start centers by I-Smile™ / Title V staff. (Figure 1)

In 2013...

61% more children through age 12 saw a dentist than in 2005.

Nearly 4 times as many children, birth through age 5, received care from a hygienist or nurse working for a Title V agency than in 2005.

Figure 1: Number of Medicaid-enrolled children receiving dental services



**CHC data is unavailable for 2005 and 2009*

Care coordination services provided by I-Smile™ / Title V staff increased 21 percent from 2012. Care coordination assistance to families includes explaining the importance of prevention and well care, helping to set up dental appointments, identifying payment sources for care, and arranging transportation services.

A recently released report from the US Government Accountability Office (GAO) helps demonstrate the success of I-Smile™. The report found that in 2010 in the US, just 37 percent of Medicaid-enrolled children through the age of 20 had a dental visit and 58 percent of privately insured children had a dental visit. In Iowa, the rate of Medicaid-enrolled children through age 12 who saw a dentist in 2010 was 43 percent and improved to 48 percent in 2013.

Beginning at the age of 3, the percent of Medicaid-enrolled children in Iowa who see a dentist is close to 50 percent and then steadily increases for children through age 12. Nearly six in ten Medicaid-enrolled children ages 3-12 saw a dentist in 2013, which is more in keeping with the rate of access for privately insured children nationally as reported by the GAO.

We anticipate seeing further increases in preventive care provided by I-Smile™ / Title V agencies as school-based dental sealant programs are being expanded in the state. A public-private partnership with Delta Dental of Iowa Foundation has allowed IDPH to leverage new federal grant dollars from the Centers for Disease Control and Prevention (CDC) to increase the number of children in Iowa who will benefit from school-based dental sealant programs and prevent tooth decay in newly erupting permanent molars. There are now 63 Iowa counties served by IDPH sealant programs.

Oral health promotion efforts were enhanced during the past year around the entire state. For example, IDPH led a campaign to promote infant oral health to new mothers. Materials were developed by IDPH that included an infant toothbrush attached to an informational card about the importance of early and regular care. The materials were distributed to birthing hospitals by I-Smile™ coordinators, and the hospitals provided the materials to new parents prior to discharge. In addition, IDPH provided specific funding to each I-Smile™ service area to be used for oral health promotion. I-Smile™ coordinators organized activities that included radio spots, internet ads, and billboards with local I-Smile™ contact information.

Another critical responsibility of I-Smile™ coordinators is seeking new partnerships each year. During 2013, coordinators reached out to civic organizations, businesses, and other community-based entities, with the intent to increase the public's understanding of the importance of oral health and to identify partners that can assist with efforts to improve oral health in children. Examples of partnerships in 2013 include working with local pharmacies to collect and display I-Smile™ coloring sheets from elementary school students; providing I-Smile™ and ***hawk-i*** dental information to businesses that do not provide dental insurance coverage for employees; and providing training for family planning clinic staff about pregnancy and oral health.

Photo: Hospital Outreach Promotional Card

In 2013...

The number of Iowa dentists who saw Medicaid-enrolled children decreased from 2012.

Just 158 children received a preventive fluoride during a medical well-child exam.

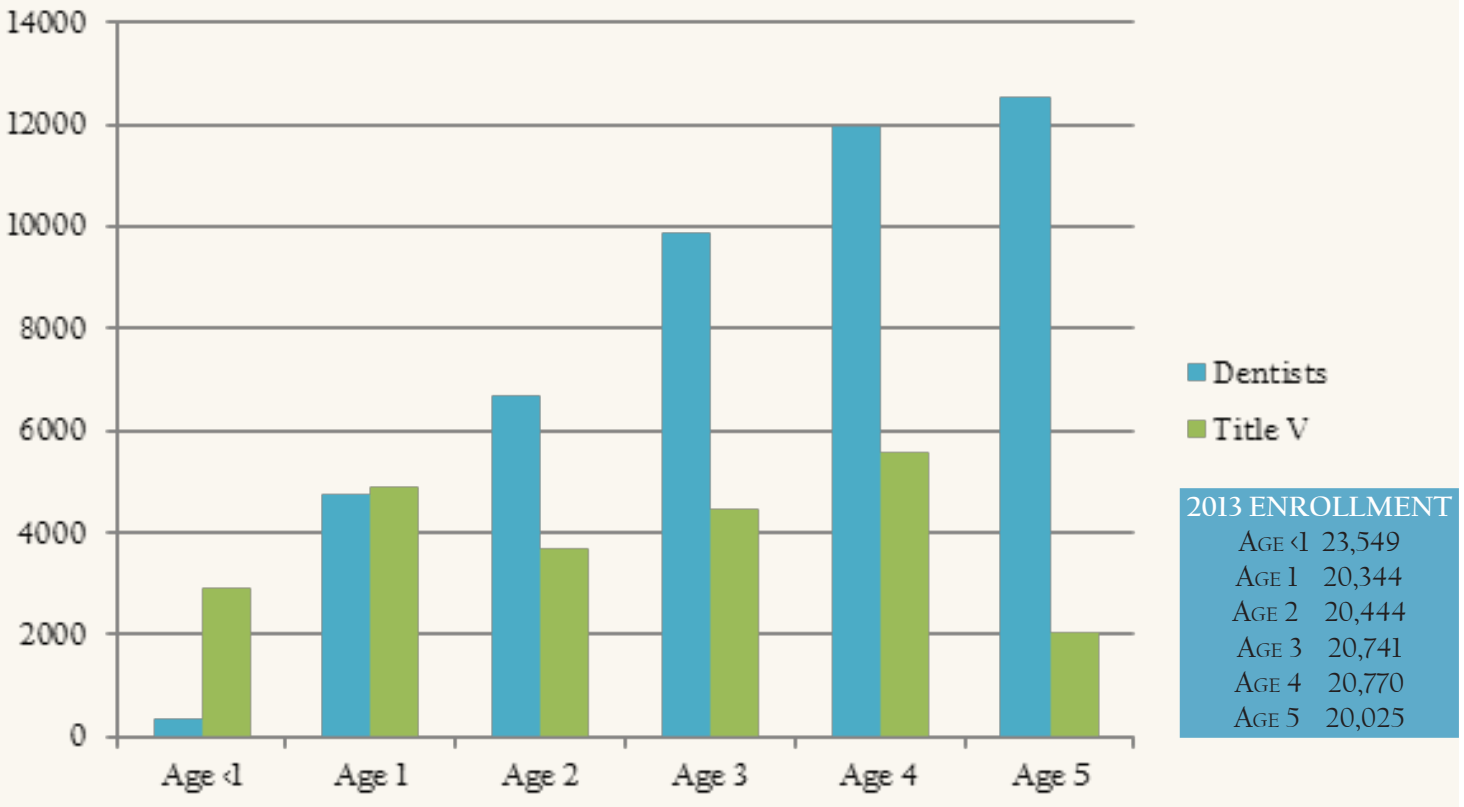
Only 18% of children younger than age 3 saw a dentist.

Challenges

Two challenges are of particular concern. Fifty-five fewer dentists saw Medicaid-enrolled children in 2013 (1,079) than in 2012 (1,134); dentists continue to identify low reimbursement and administrative burden as disincentives to seeing Medicaid-enrolled patients. And, although we continue to see improvement in the number of older children who see a dentist each year, just 18 percent of children younger than age 3 received care from a dentist in 2013.

The direct implication is that Title V programs must maintain and/or increase their efforts to provide preventive services to fill access-to-care gaps. Workforce issues, particularly those regarding declining numbers of providers to care for Medicaid-enrolled and other low-resource families, illustrate the significance that the I-Smile™ dental home incorporates several provider types as well as potential locations where care may be provided. For example, in 2013 the result of this "combined effort" – services provided in dental offices plus gap-filling prevention through Title V – is that nearly twice as many children younger than 3 received dental care than would have if no services had been offered within public health settings such as WIC clinics. (Figure 2)

Figure 2: Number of Medicaid-enrolled Children Ages 0-5 Who Received a Dental Service in 2013 from Dentists and Title V Agencies



Also of concern is that when fewer dentists see Medicaid-enrolled children, those dentists who are willing to provide care end up with a disproportionate patient load. This can lead to provider burnout and eventually choosing to no longer accept new Medicaid referrals. I-Smile™ coordinators must focus on maintaining the referral networks already developed and identifying ways to increase the number of dentists who participate.

Involving physicians within the I-Smile™ dental home was originally thought to be a way to reach more at-risk children with preventive dental care during well-child exams. Nonetheless, the number of medical providers who provide fluoride varnish applications to children younger than 3 is declining (23 in 2013; 32 in 2012). I-Smile™ coordinators continue to offer support and training to medical providers to provide oral screenings and apply fluoride varnish. However, a lack of payment incentive for screenings is often cited as a reason these services aren't provided.

Medical offices mostly serve as referral resources to the coordinators. Offices contact coordinators who can then provide assistance to families to help them access dental care. The CDC grant received by IDPH will allow additional focus on improving the understanding of medical providers about the importance of oral health as part of well care, especially for children. This may include working with health care provider training programs to incorporate oral health information within curriculum. By elevating the oral health education within the training programs, we hope to see a workforce more apt to incorporate screenings and fluoride varnish applications as part of well-child exams.

Testimonial

"(Our I-Smile™ coordinator) does a terrific job of outreach in the school district where I am a school nurse... the past couple of years, she has made screenings, fluoride varnish, and sealants available...she also contacts parents and makes referrals on students in need of dental intervention."

- School nurse

Next Steps

I-Smile™ is making a positive impact on children's oral health in Iowa.

The original I-Smile™ dental home proposal from 2006 identified four objectives and outlined steps that sought to achieve a coordinated service delivery system statewide. (Figure 3) This coordinated system would include prevention, education, medical/dental integration, and oral health promotions; multiple providers to screen, prevent disease, and refer to dentists; and maximized efficiency of the available workforce. There has been significant progress toward achieving some of those anticipated results. In order to achieve even greater impact with I-Smile™, the original strategies should be revisited to determine what additional steps may be taken to continue the forward momentum.

Figure 3: I-Smile™ dental home proposal, 2006

Objective	Steps
I. Improve the Dental Support System for Families	1. Provide funding to local Title V agencies to increase dental program infrastructure 2. Increase funding to strengthen the state Title V database system for tracking patient care coordination and appointments 3. Fund public oral health education and promotions 4. Fund training programs and create mandatory continuing education requirements for dental and other health care providers regarding children's oral health
II. Improve the Dental Medicaid Program	5. Contract with a familiar dental insurance carrier to improve dentist participation in Medicaid 6. Create a dental screening code and specific reimbursement for physicians 7. Allow reimbursement for oral screening and fluoride application by non-dental providers 8. Reinstate coverage of periodontal services to adult dental Medicaid enrollees
III. Implement Recruitment and Retention Strategies for Underserved Areas	9. Create a dentist/dental hygienist student loan repayment program to increase the dental workforce in shortage areas
IV. Integrate Dental Services into Rural and Critical Access Hospitals	10. Work with rural hospitals to develop dental clinics

Based on the success of I-Smile™ to develop and manage referral systems, increase prevention, and coordinate care, there is potential to benefit additional populations beyond just children. As regional Accountable Care Organizations emerge statewide, I-Smile™ is well-positioned to provide linkages to achieve some of the ACO goals such as quality care, accountability using performance measures, and payment reforms.

Testimonial

"(Our I-Smile™ coordinator) started Give Kids A Smile in (our area). It has been extremely successful due to her hard work and commitment to the children in our community... She is an integral part of dentistry in our area and hundreds of children would not have received dental care without her dedication to her profession. I can't thank her enough for her efforts; she is the ultimate advocate for children in our community."

- Dentist

Data from Iowa hospitals indicates that an average of 4,300 Iowans were seen in hospital emergency departments each year from 2003 through 2008 for dental-related problems at a high cost to both private insurers and Medicaid. We have an opportunity to improve medical-dental integration and move toward reducing health care costs and improving quality outcomes by working with health care partners such as ACOs, hospitals, medical providers, and dentists. A CDC grant is allowing IDPH to expand staff capacity for I-Smile™, focusing on building partnerships and bridging the medical-dental gap. This will be critical as fewer dentists choose to participate in Medicaid due to low reimbursement and other administrative concerns.

Further evaluation of I-Smile™, using available data and also identifying new assessment measures, is needed to assist in program and policy development. IDPH is adding epidemiological support for I-Smile™, which will allow us to take an even closer look at the oral health needs and assets throughout the state and determine appropriate program strategies.

IDPH is also working to develop a new data management system for programs serving families which will include case management, referral management, risk assessment, billing, and client and population-level reporting. Such a system will be critical to improve the ability of IDPH to collect, manage, and analyze public health data.

IDPH anticipates continued success as well as new directions for I-Smile™. Enhanced state capacity and strengthened partnerships will offer opportunities for innovative approaches to improve the oral health and overall health of Medicaid-enrolled and other at-risk families in Iowa.

Table 1: Number of Medicaid-enrolled children ages 0-12 receiving a dental service from dentists

	Ages 0-2		Ages 3-5		Ages 6-9		Ages 10-12		Ages 0-12	
	Baseline	Current	Baseline	Current	Baseline	Current	Baseline	Current	Baseline	Current
	2005	2013	2005	2013	2005	2013	2005	2013	2005	2013
Number of children receiving a service	4,901	11,806	21,832	34,327	26,994	42,738	17,446	26,027	71,193	114,898
Total enrolled	48,573	64,337	40,396	61,536	43,981	68,472	30,726	44,214	163,676	238,559
Increase in number	6,905		12,495		15,744		8,561		43,705	
Percent increase	141%		57%		58%		49%		61%	

Table 2: Number of Medicaid-enrolled children ages 0-12 receiving a dental service from Title V dental hygienists and nurses

	Ages 0-2		Ages 3-5		Ages 6-9		Ages 10-12		Ages 0-12	
	Baseline	Current	Baseline	Current	Baseline	Current	Baseline	Current	Baseline	Current
	2005	2013	2005	2013	2005	2013	2005	2013	2005	2013
Number of children receiving a service	3,104	11,463	3,246	12,047	1,010	3,418	503	1,155	7,863	28,083
Total enrolled	48,573	64,337	40,396	61,536	43,981	68,472	30,726	44,214	163,676	238,559
Increase in number	8,359		8,801		2,408		652		20,220	
Percent increase	269%		271%		238%		130%		257%	

Story #1

An uninsured 17-year-old Burmese refugee had missed 7 days of school due to a toothache. Her English Language Learner (ELL) teacher contacted the I-Smile™ coordinator and reported that the student had also not been eating and had no money or insurance to pay for dental care. A family meeting was scheduled at the school. With the help of school staff and administration, a presumptive eligibility application for Medicaid was completed, a dental appointment scheduled, transportation arranged, and paperwork completed for the appointment. Now, because of I-Smile™, the student is pain-free, attending school regularly, and enrolled on Medicaid. In addition, the ELL teacher and facilitator have better understanding about the impact of poor oral health on learning and how I-Smile™ can help. The facilitator and I-Smile™ coordinator will be developing an oral health protocol to use for all of the students served by ELL in the school district.

Story #2

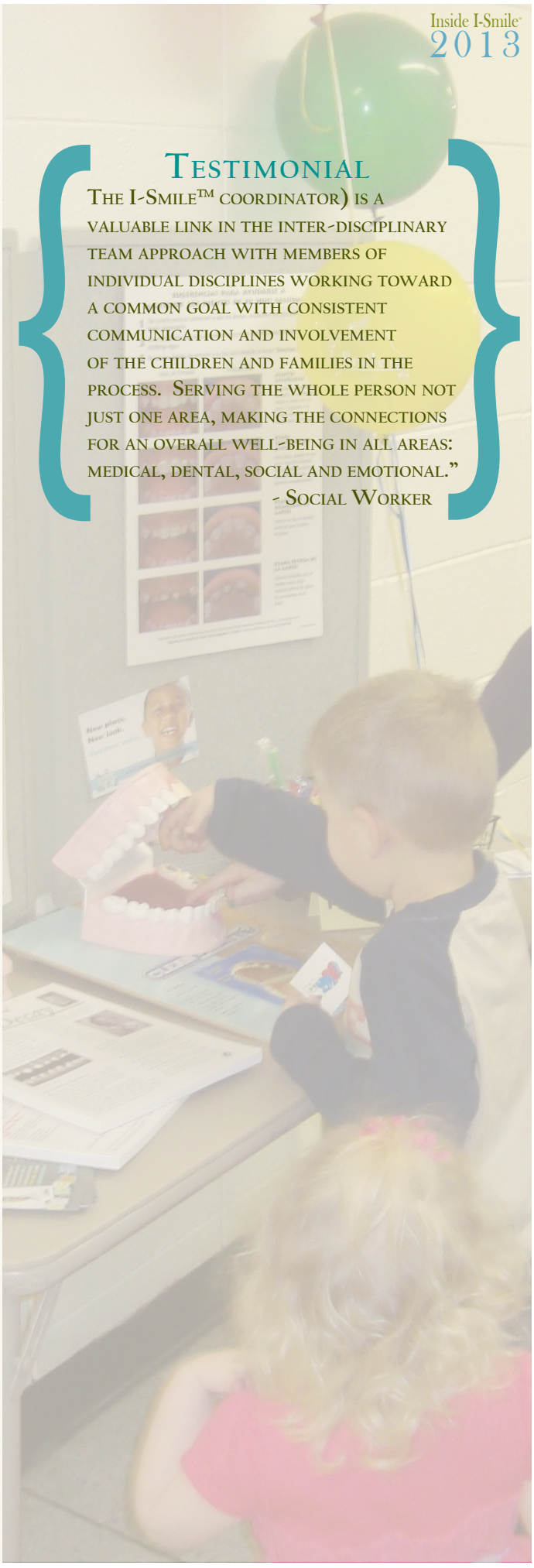
Becca, a care coordinator with Child Health Specialty Clinics, had been working with Henry, a 1-year-old with special health needs, and his family. Becca had explained the importance of early and regular dental care to Henry's mom and let her know that his health condition may cause problems with jaw growth and tooth eruption. His mom was busy trying to manage Henry's special needs and keep up with his older and active 3-year-old brother. The boys were covered by Medicaid so Henry's mom had called around the area trying to find a dentist to see them. However, the offices she called weren't accepting Medicaid clients and she felt embarrassed by their responses on the phone; finding dental care seemed like a daunting task. Becca referred Henry and his brother to the local I-Smile™ coordinator, who called Henry's mom the same day. She was able to schedule a dental appointment for them the next week with a pediatric dentist not far from their home. The pediatric dentist had the skills to manage Henry's special needs and was comfortable treating his active brother, too. Henry's mom appreciates the I-Smile™ program's efficient service and sensitivity toward her children's needs. With friendly, high quality dental care tailored just for them, Henry and his brother have a lot to smile about!

Story #3

A preschool teacher had identified one of her students as potentially having decay. She could tell he was having pain and difficulty concentrating in class. He was easily distracted and constantly had his hands in his mouth. When the I-Smile™ coordinator visited the classroom, she found rampant decay and possible dental infection. A letter was sent home to the parents, and the preschool teacher talked to the mom about the need to see a dentist. A few months later, the I-Smile™ coordinator visited the preschool again, but the child had still not had any dental treatment. The child was about to be in Kindergarten, so at the Kindergarten Round-Up, the I-Smile™ coordinator made a point of talking to the child's mother. She found that although the mother was very aware of the child's needs, she had no insurance and couldn't afford the cost of the dental care. The coordinator worked with the University of Iowa to coordinate care through a special program that they offer. The child was seen the next week at a dental clinic. The I-Smile™ coordinator then worked to get the child presumptive eligibility for Medicaid, which covered the rest of his services. He has completed two appointments and has had fillings, crowns, and even some extractions and will have one more appointment to finish his treatment. He is no longer suffering from the pain and infection and will be able to concentrate in school and play the way a 4-year-old boy should.

Story #4

We first met Lucy, from the Pacific Islands, when she was pregnant with PJ. She was missing several teeth – she claimed that she pulled them herself. Lucy hadn't had regular dental care and made it clear that oral health was not a priority for her. After PJ was born, the I-Smile™ coordinator talked to Lucy at WIC clinics about the importance of preventive care for her baby. Yet, when PJ was 2, decay was suspected. Lucy agreed to take PJ to a dentist. The dentist wanted to re-check the teeth in 6 months, but Lucy didn't take PJ back. Finally, at 4 years old, PJ was seen again at WIC and had extensive decay. Lucy was also having a toothache and asking for help. Being in pain helped her realize that she needed to also do something about PJ's teeth. The I-Smile™ coordinator helped Lucy set up appointments for herself and her son, however phone contact was difficult due to the family's limited cell phone minutes. Through home visits and the help of other community partners, the pediatric dentist, and the community health clinic dental clinic, the dental treatment was completed. Having good community relationships was definitely the key to the I-Smile™ coordinator's success in coordinating this family's care.



Testimonial

"The I-Smile™ coordinator) is a valuable link in the inter-disciplinary team approach with members of individual disciplines working toward a common goal with consistent communication and involvement of the children and families in the process. Serving the whole person not just one area, making the connections for an overall well-being in all areas: medical, dental, social and emotional."

- Social Worker


IDPH


OHDS


I-Smile